

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Nov/05/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

MRI Lumbar

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

MRI lumbar spine dated 09/09/09

Clinical report dated 02/05/13, 07/02/13, 08/05/13, 09/03/13

Prior review dated 08/19/13, 09/26/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an injury on xx/xx/xx. No specifics regarding the mechanism of injury were noted. The patient originally had complaints of low back pain with progressive lower extremity numbness and tingling in 2009. MRI studies from 09/09/09 showed multilevel degenerative disc changes as well as facet joint arthropathy contributing to foraminal stenosis at multiple levels. There was a defect in the CSF signal at L1-2 and L4-5. The clinical report from 02/05/13 indicated the patient was utilizing Celebrex on days with extreme pain. Physical examination showed mild paravertebral muscular tightness. No neurological deficits were identified. The patient was provided a topical compounded cream in July 2013. On 08/05/13 indicated the patient had radiating pain through the lower extremities as well as low back pain. The patient's physical examination demonstrated minimal tenderness to palpation of the lumbar spine. No motor weakness or reflex changes were noted. The patient was recommended for MRI studies of the lumbar spine. Follow-up on 09/03/13 reported ongoing low back and lower extremity pain. The patient was utilizing Tramadol and Ultracet. The patient's physical examination continued to show minimal tenderness in the lumbar spine. There were still no motor or reflex changes noted on physical examination. The requested MRI of the lumbar spine was denied by utilization review on 08/19/13 as there was no documentation regarding any physical therapy and no evidence of neurological compromise on physical examination. The request was again denied by utilization review on 09/26/13 as there was no objective evidence regarding

neurological compromise.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The patient has been followed for a long history of low back and radicular pain. Prior MRI studies from 2009 did identify multilevel degenerative disc disease contributing to canal and foraminal stenosis. The patient's most recent clinical documentation indicated that the patient had ongoing complaints of low back pain radiating through the left lower extremity; however, on physical examination there were no neurological findings present. Per current evidence based guidelines, repeat MRI studies are not recommended unless there are objective findings regarding progression of neurological deficit or any severe neurological findings. In the absence of any progressive or severe neurological findings on physical examination as well as the absence of any other red flags that would support emergent MRI studies of the lumbar spine, it is this reviewer's opinion that medical necessity in this case has not been established. As such, the prior denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)